

Comments on Michigan State Plan – “School-based special rehabilitation services”

The covered rehabilitative services are provided to all categorically needy beneficiaries, and appear to be in 13(d). The State could also provide the services under the EPSDT benefit in the State plan. Are the services restorative in nature according to the regulations at 42 CFR 440.130(d)? Does the State wish to provide some of the services under the regular categories in the State plan (e.g. 11 (a),(b),(c)?)

Remove all references to least restrictive environment, schools, education, IDEA, IEPs, etc. Does the State provide the services to other individuals through the State Plan – e.g. are the services elsewhere in some other section of rehabilitative services, other licensed practitioner, etc.? If yes, CMS would need to review those sections for appropriateness, particularly the service description, and the provider qualifications. The State may wish to add certain services (mental/behavioral health) under rehabilitative services that are not currently in the Plan (other than in this “school-based special rehabilitation services” section); or extend its personal care benefit, which could also be used to provide services in school settings.

The rehabilitative services appear to be:

- speech, language, and hearing – the description of the speech services is sufficient. The references to Federal provider qualifications could be stronger. Question ... that applies to all these services. If the State has been providing the services under the rehab benefit, they must be provided restoratively. Are any of the services being provided under the supervision/direction of a professional provider? If so, how? Is there information in the State practice acts for some providers that could be shared with CMS? Where school providers may be shown as providers of the services, does the State have an equivalency ruling from its Attorney General’s office to attest to equivalency? One guideline is – can school providers also offer community services? If no, CMS needs additional information. There are no equivalency rulings permitted for audiologists.
- occupational therapy – same
- physical therapy - same
- nursing –How does the State provide the nursing services under the rehabilitative services benefit? Are nursing services to be found elsewhere in the State plan? Need better description of the services. Are any of the nursing services being provided to other individuals free of charge? What are the provider qualifications of the nurses? Are any services being delegated by nurses?
- psychological, counseling, and social work – what are “diagnosed psychological problems?” Need improved description of the services. What does the State mean by under the direction of? What provider qualifications apply to these individuals (counselors, psychologists, social workers)? What are the “unscheduled

- activities?” Are any of the providers qualified to operate in schools only? If yes, we need to see an equivalency ruling from the State AG’s office showing item by item how providers in the community compare to school providers.
- developmental testing – this seems more appropriate as an EPSDT service - and cannot be limited solely to children with disabilities. How does this service fit into the rehabilitative services option? What 1905(a) categories could developmental testing fall under? What are the qualifications of “teacher consultants for handicapped persons” to provide this service?
 - Vision - we need to see provider qualifications for the orientation and mobility specialists.

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There is little information on this page about what the “special rehabilitation services” are. Who are the providers? What are their qualifications? How are providers certified?

What are “applicant agencies?”

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The description of the target group could be clarified – the link to State regulations may be necessary, but could the State explain more clearly in the language describing the group?

Regarding number 3. – Individuals not in the target group – would it not be preferable to be more clear about who the individuals in the target group are?

How does the State meet Medicaid freedom of choice of provider requirements, per its assurances? Although the case manager provider qualifications are defined, the State plan also indicates that case management provider organizations are somehow involved. Must a case manager who meets the qualifications be employed by one of these agencies? The State plan seems unclear. See additional attachment with comments on providers of the services (from the reimbursement section submitted by the State).

The State may limit the case managers to individuals with developmental disabilities or chronic mental illness, but it is not clear if part or the entire target group meets this criteria. We need more info about the providers.

Need additional information about non-duplicated payment. How is the State segregating the educational portion of the case management from the Medicaid portion?

In summary – the new draft should include:

- What 1905(a) service the State proposes to provide, with a description of the service
- Who it proposes to provide the service to (what Medicaid group)

- Who the providers of the service are, and what their provider qualifications are. Minimally, where Federal provider qualifications are set forth, the State must assure CMS that providers meet these qualifications. It may supplement them as it sees fit.
- Information about under the supervision/direction of, where necessary

Additional attachments: Provider types (Michigan originated document w/comments); audiology final rule (under supervision/direction of); Westmoreland/Golden letter on case management